



SOUTH DAKOTA
DEPARTMENT
OF PUBLIC SAFETY

prevention — protection — enforcement

HOMELAND SECURITY

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State Homeland Security Grant Program Reimbursement Terms and Conditions Agreement

2012 State Homeland Security Program Grant

Other: _____

Recipient Signature

I have read and agree to the Reimbursement Terms and Conditions for State Homeland Security Program Grant funding.

County Commission or Tribal Chairman Signature

Printed Name

Date

Office of Homeland Security Signature

The entity whose signature above represents the agency who applied for Homeland Security funding and agrees with the Reimbursement Terms and Conditions for State Homeland Security Program Grant funding is approved for the following.

\$ _____

Project:

Expiration date: December 31, 2013

James M. Carpenter, Director
SD Office of Homeland Security

Date